दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE CO. PTO: 3400 (Government of India Undertaking)





JANATA PERSONAL ACCIDENT (INDIVIDUAL) INSURANCE POLICY (IRDA/NL-HLT/NIA/P-P/V.1/55/14-15)

Insured's Name	:	PRASHANT SOPAN GHEVADE				
	Insu	red's Details	Issuing Office Details			
Customer ID	:	PO67079963	Office Code	Manchar (151611)		
Address	:	A/P. KAREGAON, TAL. AMBEGAON, DIST. PUNE MANCHAR ,MAHARASHTRA, 410503	Address	:	Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune 410503	
Phone No		9689654986	Phone No	:	02133-223047	
E-mail/Fax	. :	1	E-mail/Fax		nia.151611@newindia.co.in /	
PAN No	:		S.Tax Regn. No		AAACN4165CST178	
GSTIN/UIN	<u>:</u>	NA / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

		Poli	cy Details				
Policy Number	:	15161147182400000289	Business Source Code				
Period of Insurance	:	From:18/02/2019 01:58:54 PM To: 17/02/2020 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF	1:	Mr. DIRECT_151611 MANCHAR - (DI00001420)		
Date of Proposal	:	18-Feb-19	Agent/Bancassurance	:	Mr. NIKHIL HANUMANT TEMGIRE (NIAAG00087491) NIKHIL HANUMANT TEMGIRE (SI00156800		
Prev. Policy no.	:	Salit Fest	Phone No	1	9623857257 / NA		
Client Type	lient Type : Non-Corporate		E-mail/Fax		nikhiltemgire1@gmail.com, / / /		

Premium	GST	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	15161181180000000764 18/02/19
Stamp Duty	₹ 1			

POLICY SCHEDULE (Individual)

Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee	Details	Sum Insured	Excess (%)
				III. SOUTH	The Telled	Name	Relation		
PRASHANT SOPAN GHEVADE	Male	07/02/1995	Agricultural ist	Earning Member	NO	MRS. MEE RA GHEVA	Mother	100000	0

Special Conditions: NA Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY NOTE: CANCELLED 'AB-INITIO'.

Consolidated Stamp fees paid by Premium and GST Details

GRAS GRN No.MH005985987201819Mate of Tax

Amount in INR

dtd. 17/09/2018 vide Cheque No. 786999 Premium ₹60 SGST dtd. 13/09/2018 and the stamp duty under 0 CGST

0 this policy is Rs.1/-IGST

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 18th day of February,2019.

For and on behalf of The New India Assurance Company Limited

Signature valid

Policy No.: 15161147182400000289 Document generated by 37531 at 18/02/2019 14:07:12 Hours.

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Data 20, 9.02.18

For redriced also if your grievance, if any, you may approach any one of the following offices-1. Policy Issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal machanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of insurance Ombudsman, please visit our website http://newindia.co.in.

दि न्यू इन्डिया एश्योरन्स कंपनी लि.

THE NEW INDIA ASSURANCE COVETD OF 34004" (Government of India Undertaking)





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office

: Manchar (151611)

Address

: Trimurti Complex,A Wing, 1st floor, Shop No 6, Pune Nasik Highway, Manchar, Tal Ambegaon, Dist Pune

,410503 MANCHAR

Phone Email

: 02133-223047

Fax

nia.151611@newindia.co.in

Collection Number Collection Date

: 15161181180000000764

Business Source Code

: 18/02/2019

PAN No of Payer

Received with thanks from PRASHANT SOPAN GHEVADE.

The amount received/Adjusted is towards -

Policy No.	1 100			
	A/C Description	Amount₹	A/C Code	Sub AIS C. I
15161147182400000289	Bank-151611	60.00	0100 15155	Sub A/C Code
Total = ₹ 60.00	,	1 00.00	9100.151611	BA00017303-151611-9100

Your Payment/Adjustment Details are as under -

. Mode	Amount ₹	Cheque	Cheque Date	Drawee Bank	Davis D. J.		
Cash	60.00	No.	N.A.	N.A.	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Total = ₹ 6	50.00		14.63	IN.A.	N.A.	1516111810001367	N.A.

Utilization details of the Collected Amount :

Premium GST 60.00 0.00		GST		
		0.00	Stamp Duty	Excess Amount
SI no.			Agency Name	[14] [14] [15] O
NIAAG00087491				Department Code
			NIKHIL HANUMANT TEMGIRE	47

For The New India Assurance Company Limited Revenue Stamp



Cashier's Initial

Authorized Signatory

Note -

Date of Issue: 18/02/2019

1.Please note the Policy Number, Collection Number and date in all future correspondence. .

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No:

IRDA Registration Number: 190

Signature yalid

Policy No.: 15161147182400000289 Document generated by 37531 at 18/02/2019 14:07:12 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.